

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A DEVICE FOR DETERMINING THE POSITION AND/OR ORIENTATION OF A CREATURE RELATIVE TO AN ENVIRONMENT
Attorney Docket Number::	1504-1033
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: JAN  
Middle Name:: G.  
Family Name:: FAGER  
City of Residence:: VASTERAS  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: FAGELPILSGATAN 6

City of Mailing Address:: VASTERAS  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-723 53

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: KLAS  
Middle Name::  
Family Name:: JACOBSON  
City of Residence:: VASTERAS  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: INFANTERIGATAN 134

City of Mailing Address:: VASTERAS  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-723 50

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GREAT BRITAIN  
Status:: Full Capacity  
Given Name:: MONICA  
Middle Name::  
Family Name:: SCHOFIELD  
City of Residence:: BAD OLDERSLOE  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: AM HOHENKAMP 57

City of Mailing Address:: BAD OLDERSLOE  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 28863

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	PCT/SE02/00969	5/21/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0101781-3	5/18/01	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::